



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Luigi Pascucci  
Title: LINE SELECTOR FOR A MATRIX OF MEMORY ELEMENTS  
Serial Number: 10/616,414  
Filing Date: July 8, 2003  
Examiner/Unit: Hoai V. Ho / 2818  
Attorney Docket No.: 2110-78-3

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 2<sup>nd</sup> day of February, 2005.

Signature

TRANSMITTAL LETTER

Transmitted herewith is:

A response/amendment in the above-identified application.

       The fee has been calculated as shown below:

XX No additional claim fee is required.



Computation of Fee  
For Claims as Amended

| <u>Claims<br/>Remaining<br/>After<br/>Amendment</u> |       | <u>Highest<br/>Number<br/>Previously<br/>Paid for</u> | <u>Present<br/>Extra</u> | <u>Rate</u>   | <u>Addl.<br/>Fee</u> |
|---|-------|---|--------------------------|---------------|----------------------|
| Total<br>Claims                                     | Minus | 37  | = 0                      | x \$50/\$25 = | \$-0-                |

|                       |       |   |     |                 |       |
|-----------------------|-------|---|-----|-----------------|-------|
| Independent<br>Claims | Minus | 6 | = 0 | x \$200/\$100 = | \$-0- |
|-----------------------|-------|---|-----|-----------------|-------|

Total additional fee for  
this amendment \$-0-

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

       Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for the additional claim  
fee is enclosed.

XX A Request for Extension of Time for two months is enclosed with Check No.  
23471 for \$450.

       Charge \$ \_\_\_\_\_ to Deposit Account No. \_\_\_\_\_. A copy of this  
sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit  
Account No. 07-1897.

Respectfully Submitted,

GRAYBEAL JACKSON HALEY LLP

Bryan A. Santarelli  
Attorney for Applicant  
Registration No. 37,560  
155 – 108<sup>th</sup> Ave. NE, Suite 350  
Bellevue, WA 98004-5973  
(425) 455-5575